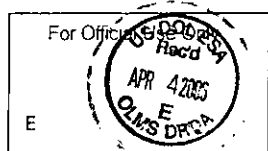


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5178	2. Fiscal Year Covered From 1/1/05 Through 12/31/05
3. Name and address of person filing Name KENNETH W DEVASIER P.O. Box, Bldg., Room No., if any P.O. Box 668 Street 1363 W. HARVARD AVE. City ROSEBURG State OR ZIP Code + 4 97470	4. Name, file number, and address of labor organization. Name WESTERN COUNCIL of INDUSTRIAL WORKERS Labor Organization File Number 042-066 P.O. Box, Building and Room Number, if any Street 12788 Stark St., City PORTLAND State OR ZIP Code + 4 97233
5. Position in labor organization. Staff Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Kenneth W Devasier

On 3/20/06
Date

541-673-0111
Telephone Number

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <i>WCIW-TOC Pension Trust</i></p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>2929 N.W. 31st Avenue</i></p> <p>City <i>Portland</i></p> <p>State <i>OR.</i> ZIP Code + 4 <i>97210</i></p>	<p>9. Business deals with.</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10 If 9 b. or 9 c. is checked give trust or employer's name.</p> <p>Name <i>WCIW-TOC Pension Trust</i></p> <p>Trade Name, if any</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>2929 N.W. 31st Avenue</i></p> <p>City <i>Portland</i></p> <p>State <i>OR.</i> ZIP Code + 4 <i>97210</i></p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><i>Help Direct the Business of the Trust</i></p>
	<p>11 b. Approximate dollar value of such dealing <i>\$ 820.41</i></p>
	<p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><i>None</i></p>
	<p>12.b. Amount. <i>0?</i></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13 b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

WCIW-TOC Pension Trust

TRUSTEE EXPENSE REPORT 2005

Divide Board mtg refreshments expense by 25

Total # of Trustees
12 Trustees

EXPENSE CODES

F - Food

IF - IF Conf. fees

L - Lodging

T - Travel

REIMBURSEMENT CODES

1 - Trust paid directly

2 - Trust reimbursed Trustee

3 - Trust reimbursed the Union

Everyone at meeting has refreshments, incl inv mngrs, etc

Note: *Don't* count the charge for the meeting ROOM -- only the expenses listed at left

Don't round the amounts

TRUSTEE NAME: Ken Devasier

Date of Event	Expense Code	Reimburse Code	Amount	Comment
1/13-14/05	F	3	5.42	Trustee Meal
11/13/2005	IF	1	320.00	Advance Registration
"	L	1	116.67	Advance Hotel-IF Conf.
5/25/2005	T	3	72.90	B of T mtg-mileage
5/25/2005	F	3	28.55	B of T mtg-food
5/25/2005	F	1	26.87	Trustee Dinner
11/13-16/05	L	2	150.00	Hotel-IF-adv. Pymt.
"	F	2	100.00	Food-IF